



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Wed, 13 April 2022

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Thu, 07 April 2022, which occurred in Harris County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in blue ink, appearing to read "Jim Hollis", is located below the certification text.

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



OUR VALUES: *People • Accountability • Trust • Honesty*
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

DEFS EX A

DEFS 001249

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	3	Total Num. Prsns.	2	TxDOT Crash ID	18841570.1 / 2022156717
------------------	---	-------------------	---	----------------	-------------------------



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4


*Crash Date (MM/DD/YYYY) 04 / 07 / 2022		*Crash Time (24HRMM) 1400		Case ID 2204-02689		Local Use	
*County Name HARRIS				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. CR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 1100	
3 Street Prefix S		* Street Name MAIN		4 Street Suffix ST			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 35		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. CR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 7700		3 Street Prefix		Street Name DECKER		4 Street Suffix DR	
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS	
LP Num. 205382		VIN 1 X K Y D P 9 X X N J 4 6 2 7 6 5					
Veh. Year 2022		6. Veh. Color MAR		Veh. Make KENWORTH		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State SC		DL/ID Num. Redacted		9 DL Class 98	
10 CDL End. 96		11 DL Rest. 98		DOB (MM/DD/YYYY) Redacted			
Address (Street, City, State, ZIP) Redacted							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 25		15 Ethnicity B	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 1	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Redacted					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Redacted	
Fin. Resp. Phone Num. Redacted		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By		Towed To					
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IL	
LP Num. T526706		VIN 1 U J B J 0 2 L 6 G 1 J E 0 1 2 9					
Veh. Year 1986		6. Veh. Color WHI		Veh. Make UNKNOWN		Veh. Model UNKNOWN	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Redacted					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Redacted	
Fin. Resp. Phone Num. Redacted		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TOWED FROM SCENE BY DRIVER		Towed To TOWED FROM SCENE BY DRIVER					

DEFS 001250

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (Rev. 1/1/2018)

Case ID 2204-02689 TxDOT Crash ID 18841570.1/2022156717

Page 2 of 4

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
	1	1	IMPROPER TURN	S0-WW-20166675								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 03155030				
	Carrier's Corp. Name TRANSAM		Carrier's Primary Addr. 15910 US 169 OLATHE, KS 660623800		30 Veh. Type 6							
	31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3			
	Unit Num. 2	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1 20	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	23				1	1	4	2	1	1	11
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit # 1 was traveling south bound in the 1100 block South Main Street. Unit # 1 was towing Unit # 2. Unit # 3 was stopped at the intersection attempting to turn east bound onto the 7700 block of Decker Drive. Unit # 1 made an improper turn causing his towed vehicle Unit # 2 to enter the number 1 lane. Unit # 2 struck Unit # 3. Unit # 1 caused a minor accident.					Field Diagram - Not to Scale  1100 South Main Street 7700 Decker Drive Unit #1 Unit #2 Unit #3 Not To Scale						
	Copy from Custodial File											
INVESTIGATOR	Time Notified (24HR:MM)	1 4 0 6	How Notified/Dispatched	Time Arrived (24HR:MM)	1 4 1 0	Report Date (MM/DD/YYYY)	04/07/2022					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) GILLILAND, JAMES L					ID Num. S27396					
	ORI Num. T X 1 0 1 0 0 0 0	*Agency HARRIS COUNTY SHERIFF'S OFFICE					Service/Region/DA S O P D 3 E					

DEFS 001251

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Units	3	Total Num. Prsns.	2	TxDOT Crash ID	18841570.1 /2022156717
----------------	---	----------------------	---	-------------------	---------------------------



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

*Crash Date (MM/DD/YYYY) 04 / 07 / 2022		*Crash Time (24HRMM) 1400		Case ID 2204-02689		Local Use																																																							
*County Name HARRIS				*City Name		<input checked="" type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees)		Longitude (decimal degrees)																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. CR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 1100																																																							
3 Street Prefix S		* Street Name MAIN		4 Street Suffix ST																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 35																																																							
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. CR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 7700		3 Street Prefix		Street Name DECKER		4 Street Suffix DR																																																							
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker																																																							
Street Desc.		RRX Num.																																																											
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. PRJ9871		VIN 2G1105S31H9108470																																																											
Veh. Year 2017		6. Veh. Color GRN		Veh. Make CHEVROLET		Veh. Model IMPALA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 5		DL/ID State		DL/ID Num.		9 DL Class 5																																																							
10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) Redacted																																																									
Address (Street, City, State, ZIP) Redacted																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>LEDESMA, ALYSSON</td> <td>N</td> <td>23</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	LEDESMA, ALYSSON	N	23	W	2	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	LEDESMA, ALYSSON	N	23	W	2	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Redacted																																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																							
Towed By DRIVEN FROM SCENE BY DRIVER				Towed To DRIVEN FROM SCENE BY DRIVER																																																									
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State																																																							
LP Num.		VIN																																																											
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model																																																							
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP)																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address																																																											
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> No																																																							
Towed By				Towed To																																																									

DEFS 001252

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (Rev. 1/1/2018)

Case ID 2204-02689 TxDOT Crash ID 18841570.1/2022156717

Page 4 of 4

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.									
	3	1	NO DRIVER LICENSE	SO-WW20166678									
	3	1	FAILED TO MAINTAIN FINANCIAL RESPONSIBILITY	SO-WW-20166678									
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	Carrier's Corp. Name		Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles					
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	FACTORS & CONDITIONS	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		1 4 0 6		How Notified/Dispatched		Time Arrived (24HRMM)		1 4 1 0		Report Date (MM/DD/YYYY) 04/07/2022		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) GILLILAND, JAMES L									ID Num.	S27396
	ORI Num.	T X 1 0 1 0 0 0 0	*Agency HARRIS COUNTY SHERIFF'S OFFICE									Service/Region/DA	S O P D 3 E

Copy from Custodial File

DEFS 001253